PRINTED: 04/10/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING **NVN119AGC** 12/10/2008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 8115 MOHAWK LN **HORIZON HILLS RSD GRP CARE 1 RENO. NV 89506** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 000 **Initial Comments** Y 000 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility from 12/9/08 to 12/10/08. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for seven Residential Facility for Group beds for elderly disabled persons, Category I residents. The census at the time of the survey was six. Six resident files were reviewed and four employee files were reviewed. One discharged resident file was reviewed. The following deficiencies were identified: Y 053 Y 053 449.194(4) Administrator's SS=D Responsibilities-Complete Rec NAC 449.194 The administrator of a residential facility shall:

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

4. Ensure that the records of the facility are

This Regulation is not met as evidenced by: Based on record review, observation and interview on 11/9/08, the administrator failed to keep a complete personnel record for 1 of 4

complete and accurate.

Bureau of Health Care Quality & Compliance

AND DIAM OF CODDECTION		(X1) PROVIDER/SUPPLIER/GIDENTIFICATION NUMB		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
		NVN119AGC		B. WING		12/	10/2008		
NAME OF PROVIDER OR SUPPLIER HORIZON HILLS RSD GRP CARE 1			STREET ADDRESS, CITY, STATE, ZIP CODE 8115 MOHAWK LN RENO, NV 89506						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FI REGULATORY OR LSC IDENTIFYING INFORMAT			ID PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
Y 053	Continued From page 1 employees (Employee #4). Severity: 2 Scope: 1			Y 053					
Y 067 SS=A	regulation NAC 449.196 1. A caregiver of a refacility must: (c) Understand the pr 449.156 to 449.2766, sign a statement that those provisions. This Regulation is no Based on record revir failed to ensure 1 of 4 provisions of NAC 44	rovisions of NAC, inclusive, and he has read of met as evidenced by ew on 12/9/08, the facil 4 caregivers read the 19.156 to 449.2766 and that she has read those	: lity	Y 067					
Y 069 SS=F	NAC 449.196 1. A caregiver of a re-	cations of Caregiver-Me	eet	Y 069					
	facility must: (e) Possess the approximately knowledge, skills and the needs of the residual control o	abilities to meet							

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If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Severity: 2 Scope: 1

Y 088 4493199(4) Staffing Schedule

4. The administrator of a residential facility shall maintain monthly a written schedule that includes the number and type of members of the staff of the facility assigned for each shift. The schedule

NAC 449.199

SS=C

Y 088

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complied with NAC 441A.375 regarding tuberculosis testing to protect 6 of 6 residents

This was a repeat deficiency from the 1/10/08

(Resident #1, #2, #3, #4, #5 and #6).

State Licensure survey.

Severity: 2 Scope: 3

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If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

This Regulation is not met as evidenced by: Based on record review on 12/9/08, the facility failed to ensure 1 of 4 caregivers met background

check requirements (Employee #4).

Severity: 2 Scope: 1

12/10/2008

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

A. BUILDING

B. WING

B. WING

NVN119AGC

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HORIZON	HILLS RSD GRP CARE 1	8115 MOHAWK LN RENO, NV 89506				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETI DATE	
Y 106	Continued From page 5		Y 106			
Y 106 SS=D	449.200(2)(a) Personnel File - 1st aid & CPF	₹	Y 106			
	NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to information required pursuant to subsection (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation.					
	This Regulation is not met as evidenced by: Based on record review on 12/9/08, the facil failed to ensure that 1 of 4 caregivers were trained in first aid and cardiopulmonary resuscitation (Employee #4).					
	Severity: 2 Scope: 1					
Y 178 SS=F	449.209(5) Health and Sanitation-Maintain I	nt/Ext	Y 178			
	NAC 449.209 5. The administrator of a residential facility s ensure that the premises are clean and that interior, exterior and landscaping of the facili well maintained.	the				
	This Regulation is not met as evidenced by: Based on observation and staff interview on 12/9/08, all mini-blinds in the facility and the the northwest bedroom were covered with a accumulation of dust.	fan in thick				

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the wrong medications at times. He also reported that he complained about Employee #4 to the facility administrator but "it didn't do any good." He related that he could not remember when he spoke to the administrator about his concerns.

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SS=F

NAC 449.2742

4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of

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2. As used in this section, "residential facility for elderly or disabled persons" means a residential

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